

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SENATE CONSERVATIVES FUND			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00448696 </div>	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on				
Full Name (Last, First, Middle Initial) of Payee Rapid Response Television			Date MM / DD / YYYY 11 / 18 / 2013	
Mailing Address 4850 Wright Rd., Ste 168			Amount 21500.00	
City Stafford	State TX	Zip Code 77477	Transaction ID : SE.4925	
Purpose of Expenditure IE-McConnell-Media Buy		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: KY <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: MITCH MCCONNELL			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 0.00				
Full Name (Last, First, Middle Initial) of Payee SENATE CONSERVATIVES FUND			Date MM / DD / YYYY 11 / 09 / 2013	
Mailing Address 228 S. WASHINGTON ST., STE. 115			Amount 4581.80	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4927	
Purpose of Expenditure IE-Bevin-Online Processing		Category/ Type 003	Office Sought: <input type="checkbox"/> House State: KY <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: MATTHEW GRISWOLD BEVIN			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 0.00				
(a) SUBTOTAL of Itemized Independent Expenditures.....			26081.80	
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Lisa Lisker Signature		[Electronically Filed] Date MM / DD / YYYY 11 / 19 / 2013		

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PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SENATE CONSERVATIVES FUND			FEC IDENTIFICATION NUMBER ▼ C C00448696		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee SENATE CONSERVATIVES FUND			Date M M / D D / Y Y Y Y Y Y 11 / 16 / 2013		
Mailing Address 228 S. WASHINGTON ST., STE. 115			Amount 481.25		
City ALEXANDRIA		State VA		Zip Code 22314	
Purpose of Expenditure IE-Bevin-Online Processing		Category/Type 003		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: MATTHEW GRISWOLD BEVIN				Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee			Date M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State		Zip Code	
Purpose of Expenditure		Category/Type 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Name of Federal Candidate Supported or Opposed by Expenditure:				Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			481.25		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶			26563.05		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;"> <i>Lisa Lisker</i> Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 11 / 19 / 2013 </p>					